

Ravalli County Sheriff's Office
205 Bedford Street, Suite G
Hamilton, MT 59840-2853



Chris Hoffman, Sheriff

August 7, 2008

CARRY CONCEALED WEAPON (CCW) RENEWAL APPLICATION
INSTRUCTIONS

At the time you submit your CCW application for renewal, you must provide the Sheriff's Office with the following:

1. **Cash (exact change) or check in the amount of \$25.00 to cover costs of processing. (Make checks payable to the Ravalli County Treasurer's Office)**
2. **We will be making a copy of your current Concealed Weapon Permit.**
3. **A valid Montana Driver's License or other form of picture ID issued by the State of Montana.**
4. **A recent (taken in the last month at a Photo Center) color photograph of yourself (approximately 1" X 1 1/4"), that will fit on the permit. See the box at the bottom of the page for the exact size the photo needs to be to fit on the permit. (NOTE: One Hour Photo Center is very familiar with the size of the photo that is needed)**

NOTICE: Failure to complete the CCW Renewal application honestly may result in the denial of your permit.

When it is time to renew your Concealed Weapon Permit, (4 years from the date of your current renewal). you must bring in your permit and start the renewal process 30 days prior to the expiration date. If the permit is even one (1) day past the expiration date, you must pay the full price of \$55.00, and start the process over. Renewal fee is \$25.00.

NOTE: Your Social Security Number is required on the application but will not appear on your CCW permit.

**DO NOT
AFFIX
PHOTO
HERE**

CCW Permit #: _____
Expiration Date: ____/____/____

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Expiration Date: ____/____/____

Case# _____
NICS#: _____ proceed

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NICS#: _____ proceed

STATE OF MONTANA
CONCEALED WEAPON PERMIT APPLICATION
RENEWAL

To be completed by each person making application:

Current Resident of Montana () **Yes** () **No**

PREVIOUSLY TRANSFERRED OUT OF COUNTY/STATE CCW TO RAVALLI COUNTY? () YES () NO

PLEASE TYPE OR PRINT

Full name: _____

Last	First	Middle

Alias/Maiden/Nickname: _____

Address: **Home:** _____
 Street **City** **State** **Zip**

Employer: _____

Street	City	State	Zip

Phone: _____ / _____ / _____
Home Work Message

Place of Birth: _____ **Date of Birth:** _____

Driver's License Number: _____ **Issuing State:** _____

Social Security Number: _____ **Gender:** () Male () Female
SSN:(need for D.O.J- IT WILL NOT APPEAR ON CCW)

Height:_____ **Weight:**_____ **Eye Color:**_____ **Hair Color:**_____ **Race:**_____

Please describe any Scars, Marks, & Tattoos that you may have:

DO YOU HAVE A CCW PERMIT FROM ANOTHER COUNTY: ☐ YES ☐ NO

NAME OF ISSUING COUNTY: _____

ADDRESS: _____ PHONE: _____

CCW PERMIT NUMBER: _____

THE ANSWERS TO THE FOLLOWING QUESTIONS ARE SPECIFIC. IF YOU HAVE EVER BEEN ARRESTED FOR ANY REASON, YOU MUST MARK "YES". THIS INCLUDES ANY INCIDENT WHERE YOU MAY NOT HAVE BEEN CHARGED AT A LATER DATE, HAD THE CHARGES DISMISSED, OR BELIEVE THAT THE CHARGES TO BE REMOVED FROM YOUR RECORD.

LESS THAN TRUTHFUL RESPONSES WILL RESULT IN THE DENIAL OF THIS APPLICATION. AGAIN, THIS INCLUDES ANY ARREST OR CHARGE EVER! (i.e. even 30 to 50 years ago).

1. HAVE YOU EVER BEEN ARRESTED? () YES () NO
2. HAVE YOU EVER BEEN CHARGED WITH ANY CRIME, MISDEMEANOR OR FELONY?
() YES () NO
3. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, OR FOUND GUILTY IN A COURT
MARTIAL PROCEEDING? () YES () NO

**IF YES TO ANY OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:
(EXCEPTIONS: MINOR TRAFFIC VIOLATIONS)
(ATTACH ADDITIONAL SHEET IF NECESSARY)**

	City	State	Charge	Date
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
5.)	_____	_____	_____	_____

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorize any person having information concerning me that relates to the information requested by this application and the requirement for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

*******This application must be signed in the presence of the sheriff or his designee.*******

Date

Signature of Applicant

Signature witnessed by: _____ (initials)